		PART B	B - FEE(S)	TRA	NSMITTAL //-	-16-04	L		
Complete and send the form, together with applicable fee(s),			ee(s), to: <u>N</u>	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 Fax (703) 746-4000					
INSTRUCTIONS: This for appropriate. Wh further consindicated unless contracted maintenance fee notification	preshould be used for transcription of directed otherwise s.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and leading and specifying a	PUBLIC fication a new c	CATION FEE (if requi of maintenance fees w orrespondence address;	red). Blocks 1 through 5 sill be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for		
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for 90 08/27/2004				Note: A certificate of Fee(s) Transmittal. The papers. Each additional	mailing can only be used f	for domestic mailings of the for any other accompanying tent or formal drawing, must		
OSHA & MAY L 1221 MCKINNEY HOUSTON, TX 77	STREET 010				I hereby certify that the	tificate of Mailing or Tran is Fee(s) Transmittal is beir vith sufficient postage for fil Stop ISSUE FEE address TO (703) 746-4000, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.		
11/17/2004 TBESHAH2 00	000085 10643484						(Depositor's name)		
01 FC:1501	1370.00 OP 300.00 OP						(Signature)		
02 FC:1504 03 FC:8001	12.00 OP						(Date)		
APPLICATION NO.	FILING DATE		FIRST NAME) INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/643,484	08/19/2003		Koji A	Asami		02008.120001	5427		
TITLE OF INVENTION: IN	TERLEAVING AD CONV	ERSION TYPE W	/AVEFORM	DIGITI	ZER				
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1330	0		\$300	\$1630	11/29/2004		
EXAM	INER ·	ART UN	IIT	C	LASS-SUBCLASS				
WILLIAMS,	HOWARD L	2819	,	-	341-155000	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print	or type)	****			
							document has been filed for		
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ADVANTEST CORPORATION TOKYO, JAPAN 179-0071									
		ries (will not be pr	•	-			roup entity Government		
4a. The following fee(s) are			p. Payment of		Tharvidan Te	orporation of other private gr	oup chary — devenment		
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Publication Fee (No small entity discount permitted)			2 Payment	t by credit card. Form PTO-2038 is attached.					
Advance Order - # of	Copies 4		The Dire	ctor is lount Nu	hereby authorized by cl mber <u>50-0591</u>	harge the required fee(s), or (enclose an extra	r credit any overpayment, to copy of this form).		
5. Change in Entity Status	(from status indicated above MALL ENTITY status. See	,	□ b A==#a	4 :	langa alaiming SMAI	LL ENTITY status. See 37 C	CER 1 27(a)(2)		
							cation identified above. the assignee or other party in		
Authorized Signature	12				Date	ulizlar			
Typed or printed name	SONATOLAN EXHER	+ #33,91	86		Registration	No. 33,986			

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Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$)

espond to a collection of information unless it displays a valid ONB control number.					
Complete if Known					
Application Number	10/643,484-Conf. #5427				
Filing Date	August 19, 2003				
First Named Inventor	Koji Asami				
Examiner Name	H. L. Williams				
Art Unit	2819				
Attorney Docket No.	02008/120001				

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
Check X Credit Money Other None				3. A	DDITI	ONAL	FEES		
	`Car	dOrder		•					
X Depo	sit Account:	-			Entite	Cmali	Catte.		
Deposit		50-0591		Fee	Entity	Fee	Entity	-	
Account 50-0591 Number			Code	(\$)	Code	(\$)	Fee Description	Fee Paid	
Deposit		sha O Marri I D		1051	130	2051	65	Surcharge – late filing fee or oath	
Account Name	O	sha & May L.L.P.				0050	0.5	Surcharge – late provisional filing fee or cover	
The Directo	r is authoria	ed to: (check all that apply)		1052	50	2052	25	sheet.	
Charge	fee(s) indica	ted below X Credit	any overpayments	1053	130	1053	130	Non-English specification	
X Charge	any addition	al fee(s) or any underpayme	nt of fee(s)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.			1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
				1805	1,840*	1805	1,840*	, Requesting publication of SIR after Examiner action	
	FE	E CALCULATION		1251	110	2251	55	Extension for reply within first month	
1. BASIC				1252	430	2252	215	Extension for reply within second month	
Large Entity	Small En	tity		1253	980	2253	490	Extension for reply within third month	
Fee Fee Code (\$)		Fee Description (\$)	Fee Paid	1254	1,530	2254	765	Extension for reply within fourth month	
1001 790	1	95 Utility filing fee		1255	2,080	2255	1,040	Extension for reply within fifth month	
1002 350	2002 1	75 Design filing fee		1401	340	2401	170	Notice of Appeal	
1003 550	2003 2	75 Plant filing fee		1402	340	2402	170	Filing a brief in support of an appeal	
1004 790	2004 3	95 Reissue filing fee		1403	300	2403	150	Request for oral hearing	
1005 160	2005	80 Provisional filing f	ee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
	. eı	JBTOTAL (1) (\$)	0.00	1452	110	2452	55	Petition to revive – unavoidable	
	30	BIOIAL (I) (W)	0.00	1453	1,370	2453	685	Petition to revive - unintentional	
2. EXTRA	CLAIM F	EES FOR UTILITY A		1501	1,370	2501	685	Utility issue fee (or reissue)	1,370.00
		Extra Fee from Claims below	Fee Paid	1502	490	2502	245	Design issue fee	
Total Claims	-2	0** = X	7=[1503	660	2503	330	Plant issue fee	
Independent	Ħ.	= X	1=	1460	130	1460	130	Petitions to the Commissioner	
Claims Multiple Depe	endent		1=	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity	Small Ent	ity		1806	180	1806	180	Submission of Information Disclosure Stmt	
Fee Fee Code (\$)	Fee Fe	B Ean Doscri	ption	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18	2202			1809	790	2809	395	Filing a submission after final rejection	
1201 88	2201 4	4 Independent claims in	excess of 3					(37 CFR 1.129(a)) For each additional invention to be	
1203 300	2203 15	0 Multiple dependent cla	m, if not paid	1810	790	2810	395	examined (37CFR 1.129(b))	
1204 88	2204 4		t claims	1801	790	2801	395	Request for Continued Examination (RCE)	
1205 18	2205 9	over original patent ** Reissue claims in ex	cess of 20	1802	900	1802	900	Request for expedited examination of a design application	
		and over original pa	ent	Other	ee (spe	cify)	8001; 1504	Printed copy of patent w/o color; Publication fee for early, voluntary, or normal publication	312.00
1	SUBTOTAL (2) (\$) 0.00			*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1,682.00					1,682.00
**or number	**or number previously paid, if greater; For Reissues, see above								

SUBMITTED BY (Complete (if applicable))								
Name (Print/Type)	Jenathan P. Osha	Registration No. (Attomey/Agent)	33,986	Telephone	(713) 228-8600			
Signature	1			Date	November 15, 2004			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV535682158US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 15, 2004

Signature: Brenda C. McFadden)